Privacy Release Form

The Honorable Walter B. Jones

I hereby authorize you or your staff to contact the <u>Internal Revenue Service</u> in reference to my inquiry and request information on my behalf.

The Internal Revenue Service is authorized to furnish you or your staff with copies of any documents or verbally discuss, using any means (including personal voice mail to which no one else has access), any matters relative to my inquiry. I am aware that the Privacy Act of 1974 and IRC 6103 prohibit the release of information without my written authorization. I understand this form does not constitute a Power of Attorney.

NAME				
ADDRESS				
CITY	STATE		ZIP	
TELEPHONE: Home	Work	Fax	Cell	
SOCIAL SECURITY NUMBE	R			
	TAX FORMS			
If the inquiry relates to a bu				
COMPANY NAME				
EMPLOYER IDENTIFICATION	N NUMBER			
Your relationship to the bus	siness			
Type of tax (income, employ	ment, etc.)			
Tax year/periods		Tax form		
Briefly explain the proble			t documents.	
	Signature			Date

Congressional office use only: I give permission for the Case Advocates to contact the constituent directly regarding this inquiry.

Initial